

Kentucky State Cost Share Payment Form

Name: Application ID#:

Farm # Tract # County Month

A. Practice Approval Information

Funds Requested: \$ Funds Approved: \$

Practice Installation Deadline: / /

B. Installation Information

1. Practice and components actually installed: NRCS representative/CD technical staff complete page 3 (final payment information) of this document that identifies the conservation practice, units applied, estimated payment, actual cost, and actual payment information. The estimated payment rate will be supplied from the online version of the State Cost Share application. This payment estimate is for comparison to the actual bills furnished to the district by the applicant for the practice.

2. Performance Report: The conservation practices and components listed on page 3 of this form have been inspected by NRCS personnel or conservation district technical staff. This practice installation meets NRCS technical standards, specifications, and is completed in accordance with approved plans furnished for this practice?

☐ Yes ☐ No

3. Date Performed: The practice was completed to NRCS technical standards on: / / .

Technical Staff Signature

Date

Total Installation Cost: \$ Cost Share Payment: \$

Check #:

C. Conservation District Payment Approval

If applicable, does the applicant have the required Nutrient Management Plan on file for the approved practices: ☐ Yes ☐ No ☐ Not Applicable

Conservation District Employee Initials:

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Following a review of technical certification, cost comparison figures furnished by NRCS (cost list) and the applicant's receipts furnished to the District, this practice has been performed to the extent required by the policy set forth in the Administrative Regulations established for the Kentucky Soil Erosion & Water Quality Cost Share Program, and is approved for the cost share payment as shown.

Chairman, Conservation District

Date

D. Certification and Maintenance Agreement

1. Did you bear all the expenses (except for program cost sharing) of performing this practice? ☐ Yes ☐ No

If "No", report name and address of the other person(s) or agency who bore any part of the expenses. Also show kind, extent of, and value of their contributions:

2. Performance Maintenance Agreement:

I certify that the above information is true and correct. I further certify that the entries on page 4 of this application show the practice was performed in accordance with the practice specification and other program requirements. I hereby apply for payment to the extent the Conservation District had determined that the practice has been performed. I agree to maintain this practice for at least years following the year that the practice is completed. I agree to refund all or part of the cost share assistance paid to me as determined by the Conservation District if, before the expiration of the practice's life span specified above, I (a) destroy the practice installed, (b) cease to use the practice for its intended purpose, or (c) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree, in writing, to properly use and maintain the practice for the remainder of its specified life span.

Signature, Approved Applicant

Date

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Name: _____ Application #: _____

[illegible]

Instructions for Completing Kentucky State Cost Share Payment Form

General Information

Enter name, farm number, and tract number(s). Enter application identification number that the online system assigns to the application. *Please use the full application number format as we have traditionally used. Example: If requesting funds for an approved contract with a system generated submittal ID# of 123456, for funding year 2018 and you are in Barren County (county code 005), then the Application Identification number would be: 2018-005-123456.

In the “County” box, enter the county conservation district that is requesting payment. In the “Month” box, enter the month in which this request is being made.

Practice Approval Information

Enter the funds requested from KDOC after practice completion.

Enter the funds approved after the funding is received from KDOC. This will typically be the same amount, but may differ if there is a contract modification or other unforeseen circumstance occurs.

Enter the practice installation deadline. This will be one year from the date that the contract is approved by KDOC.

Installation Information

2. Performance Report: Indicate by checking “yes” or “no” if the practice is complete and installed to specifications.

3. Date Performed: Enter date on which the practice was inspected and found to be installed to specifications.

The technical agency staff reviewing installation shall sign and date the document.

Enter the total installation cost to the applicant, and then enter the subsequent cost share payment for this amount.

Enter the district check number assigned to make payment to the applicant.

Note: Past program years had an entry for the applicant’s social security number on this document. That information was utilized for tax purposes only, and not needed by KDOC. Please retain this applicant information only within district files if needed.

Conservation District Payment Approval

If the applicant is seeking funding for a practice that requires a Nutrient Management Plan (CNMP, KyNMP), as described in the 2018 Kentucky Soil & Water Quality State Cost Share Program Manual, then a conservation district employee shall certify that the plan is complete by initialing this form. Copies of CNMP's are typically kept by NRCS. If a KyNMP is required, then a copy of that document shall be maintained within the applicant's state cost share file.

After completion of the technical review and consultation with staff, the conservation district board shall make a determination on payment to the applicant. If approved, the conservation district chairman shall sign and date the document.

Certification and Maintenance Agreement

This section reverts to the applicant to certify and agree to the terms of the contract.

1. Check "yes" or "no" to the question of the applicant bearing all expenses of installation of practices. If the answer was "no", then the applicant is required to document all outside contributions made other than his or her expenses and that of the program's cost share portion.

2. Performance Maintenance Agreement:

The technical staff shall provide/insert the number of years that is this practice is required to be maintained within the text of the agreement.

The applicant shall sign and date the agreement.

Final Payment Information

The third page of this form is for detailed practice information.

The technical staff shall complete this page.

Enter the first and last name of the applicant, along with the contract identification number generated by the online system.

Enter the Practice Category selected for this operation. (Livestock-Pastureland, Cropland, etc.)

The practice components installed on this application shall be entered.

The NRCS technical practice code, practice name, units installed, the initial estimated payment, the actual cost, and then actual program payment shall all be entered on this page.

Document Use

This form shall be retained in conservation district office files for signatures, payment, and contract tracking; and sent to KDOC for funding requests. Official funding requests sent to KDOC shall include this completed form with all signatures, copies of all payment receipts, and any other supporting information regarding the request for reimbursement (i.e. modification approvals, etc.).

Please submit your payment request by the 15th or 30th of the month. Failure to submit all documentation showing that the practice has been completed will result in non-payment.

Please submit all payment requests to the KDOC email, conservation@ky.gov , and be sure to include in the subject line of the email that it is for a “State Cost Share Payment Request”.